

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number: 3235-0076						
Expires: May 31, 2005						

Expires: May 31, 2005 Estimated average burden hours per response 16.00

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
FF Two Liberty Mezzanine, LLC offering of beneficial interests in a trust.								
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule 5	Social Section 4(6) ULOE						
Type of Filing: New Filing	Amendment							
	A. BASIC IDENTIFICATION DATA							
1. Enter the information requested about the i	ssuer							
Name of Issuer (check if this is an amendr	nent and the name has changed, and indicate cl	hange.)						
FF Two Liberty Mezzanine, LLC, a Delaware limited liability company								
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
1951 N.W. 19th Street, Suite 200, Boca Rato	on, Florida 33431	(561) 961-1000						
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
(if different from Executive Offices)	PROCESSER							
Brief Description of Business		A 1945 W 1941 1941 1941 1941 1941 1941 1941						
To provide mezzanine financing for real es	tate acquisition OCT 2 0 2005							
Type of Business Organization	THOMSON	05068737						
corporation	limited partnership, alfanancial	other (please specify):						
business trust	☐ limited partnership, to be formed	limited liability company						
	Month Year							
Actual or Estimated Date of Incorporation or								
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: D E								
CN for Canada: FN for other foreign jurisdiction)								

GENERAL INSTRUCTIONS

Federal:

Who Must File All issuers making an offering of securities in reliance on an exemption under Regulation D or Securities 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a lost of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
 Each beneficial owner having the power to vote or dispose, or direct the vote or dispositi securities of the issuer; 	Duen contained on the file to the contained of an expension of the file of a stable of equity								
 Each executive officer and director of the corporate issuers and of corporate general and managing partners of partnership issuers; and 									
 Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Sole Member	General and/or Managing Partner							
Full Name (Last name first, if individual) Falcon Funding, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code) 1951 N.W. 19 th Street, Suite 200, Boca Raton, Florida 33431	· · · · · · · · · · · · · · · · · · ·								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Manager/ Member	General and/or Managing Partner							
Full Name (Last name first, if individual) Falcone, Arthur J.									
Business or Residence Address (Number and Street, City, State, Zip Code) 1951 N.W. 19 th Street, Suite 200, Boca Raton, Florida 33431									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Manager/ Member	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) Falcone, Edward W.									
Business or Residence Address (Number and Street, City, State, Zip Code) 1951 N.W. 19 th Street, Suite 200, Boca Raton, Florida 33431									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Trustee of Issuer	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) DiFiore, Cora									
Business or Residence Address (Number and Street, City, State, Zip Code) 1951 N.W. 19 th Street, Suite 200, Boca Raton, Florida 33431									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Trustee of Issuer	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

					B. IN	FORMAT	TON ABO	OUT OFFI	ERING	4.5				
1.								Yes	No					
	Answer also in Appendix, Column 2, if filing under ULOE.													
2.	2. What is the minimum investment that will be accepted from any individual?							\$	100,000.00					
													Yes	No
3.	3. Does the offering permit joint ownership of a single unit?							\boxtimes						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
		,	me first, if	individual)										
	t Appl													
Bus	siness (or Resider	nce Addres	s (Number	and Street,	City, State	, Zip Code	e)						
Naı	me of A	Associated	l Broker or	Dealer						 _			···	
Sto	tos in 1	Which Dor	non Listad	Has Solici	ad or Inton	da to Solio	t Dawahaa							
				ndividual S					•••••					All States
[AI [IL [M [RI] T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] X [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[C	[] [S] [R] [YY]	[ID] [MO] [PA] [PR]
				individual)										
Bus	siness	or Resider	nce Addres	s (Number	and Street,	City, State	e, Zip Code	e)						
Naı	me of A	Associated	d Broker or	Dealer								······		
Sta	tes in V	Which Per	son Listed	Has Solici	ted or Inten	ds to Solic	it Purchase	ers						
(Cł	neck "A	All States"	or check i	ndividual S	States)		••••••							All States
[AI [IL [M [RI] T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[C	[]] [S] [R] VY]	[ID] [MO] [PA] [PR]
Ful	l Name	e (Last na	me first, if	individual)									-	
Bu	siness	or Resider	nce Addres	s (Number	and Street,	City, State	, Zip Cod	e)						
2.7				<u> </u>										
Na	me of A	Associated	d Broker o	r Dealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)														
[A] [IL [M [R]	T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[N [O]	[[] 48] 9R] VY]	[ID] [MO] [PA] [PR]

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate		Amount
	Type of Security	Offering Price		Already Sold
			¢.	-
	Debt \$ Equity \$	16,500,000	\$_	14,575,000
	Common Preferred		-	
	Convertible Securities (including warrants) \$		\$	
	Partnership Interests \$		-	
	•			
	Other (Specify) \$	16 #00 000	\$ -	14 ### 000
	Total \$	16,500,000	\$_	14,575,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero."			Aggregate
		Number		Dollar Amount
		Investors		of Purchases
	Accredited Investors:	34	\$	34
	Non-accredited Investors Not Applicable		\$ -	
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE		-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Not Applicable	Thurs of		D. Il.
	Type of Offering	Type of Security		Dollar Amount Sold
		Security	¢.	Amount Solu
	Rule 505 Regulation A		\$ -	
	Rule 504		\$ \$	
	Total		\$ -	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information my be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_	
	Transfer Agent's Fees		¢	N/A
	Printing and Engraving Costs		\$ \$	N/A
	Legal Fees	\boxtimes	\$	7,500.00
	Accounting Fees	$\overline{\Box}$	\$	N/A
	Engineering Fees		\$	
		<u> </u>	\$ -	N/A
	Sales Commissions (specify finders' fees separately)			N/A
	Other Expenses (identify) Blue Sky Fees		\$.	500
,	Total	\boxtimes	\$	8,000
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